



UKHC Genomics Core Laboratory Request Form for NanoString Service

Requester Information

Requester Name: _____

PI Name: _____

Department: _____

College/Institution: _____

Email: _____

Phone: _____

UKHC Account #

If UKHC account not established, please email the completed "Genomics Account Creation Form" to genomics@uky.edu. Samples will not be processed without prior electronic submission of this Request Form.

Markey Cancer Center Member: Yes No

Service Requested

NanoString

RNA processing

miRNA processing

Number of Samples: _____

Number of Samples: _____

Sample Information (provide an excel file, if needed)

| Sample Name/ID | Other Information |
|----------------|-------------------|
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Email us (genomics@uky.edu) this completed form. In addition, please provide hard copy of this form along with your samples, while submitting.

If any questions, please contact:
UKHC Genomics Core Laboratory
Room # HA629, 800 Rose Street
UK Chandler Hospital
Lexington, KY 40536
Phone: 859-323-5327
Email: genomics@uky.edu

Official Use
Work order Number: _____
Date of Submission: _____